name and address of your employer:

26 Gross: 0 0 Net: 0 0

27 Employer: NONE

28

25

	II.								
1	If the answer is "no," state the date of last employment and the amount of the gross and net								
2	salary and wages per month which you received. (If you are imprisoned, specify the last								
3	place of employment prior to imprisonment.)								
4	1 Hua	Hudson Lumber (1990)							
5									
6									
7	2. Hav	2. Have you received, within the past twelve (12) months, any money from any of the							
8	following se	ources:		/					
9	<b>a.</b> ;	Business, Profession or	Yes	No					
10		self employment							
11	b.	Income from stocks, bonds,	Yes	No					
12		or royalties?	None						
13	c.	Rent payments?	Yes	No					
14	d.	Pensions, annuities, or	Yes	No					
15		life insurance payments?							
16	e.	Federal or State welfare payments,	Yes	No					
17		Social Security or other govern-							
18		ment source?		• "					
19	If the answe	r is "yes" to any of the above, describe ea	ch source of mo	ney and state the a	amoun				
20	received from	m each.							
21									
22				·	<del></del>				
23	3. Are y	ou married?	Yes	No					
24	Spouse's Full Name:								
25	Spouse's Place of Employment:								
26	Spouse's Monthly Salary, Wages or Income:								
27	Gross \$ Net \$								
28	4. a. List amount you contribute to your spouse's support:\$								

1	b. List the persons other than your spouse who are dependent upon you for
2	support and indicate how much you contribute toward their support. (NOTE:
3	For minor children, list only their initials and ages. DO NOT INCLUDE
4	THEIR NAMES.).
5	
6	
7	5. Do you own or are you buying a home? Yes No
8	Estimated Market Value: \$ Amount of Mortgage: \$
9	6. Do you own an automobile? Yes No
10	Make Year Model
11	Is it financed? Yes No If so, Total due: \$
12	Monthly Payment: \$
13	7. Do you have a bank account? Yes No (Do not include account numbers.)
14	Name(s) and address(es) of bank:
15	NONE
16	Present balance(s): \$
17	Do you own any cash? Yes No Amount: \$
8	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
9	market value.) Yes No
20	<del>,                                    </del>
21	8. What are your monthly expenses?
22	Rent: \$ Utilities:
3	Food: \$ Clothing:
4	Charge Accounts:
5	Name of Account Monthly Payment Total Owed on This Acct.
6	ss
7	\$ \$ \$
8	\$\$\$

1	9. Do you have any other debts? (List current obligations, indicating amounts and to							
2	whom they are payable. Do not include account numbers.)							
3	No							
4								
5	10. Does the complaint which you are seeking to file raise claims that have been presented							
6	in other lawsuits? Yes No							
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in							
8	which they were filed.							
. 9								
10								
11	I consent to prison officials withdrawing from my trust account and paying to the court							
12	the initial partial filing fee and all installment payments required by the court.							
13	I declare under the penalty of perjury that the foregoing is true and correct and							
14	understand that a false statement herein may result in the dismissal of my claims.							
15	0.							
16	3-3-2008 Purce L. Droce							
17	DATE SIGNATURE OF APPLICANT							
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
11								

1	(1)
2	Case Number: CV0 8 0966 SBA
3	
4	
5	
6	
7	
8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of PIERCE L. GROCE for the last six months
14	CON GORAN STATE PRISON where (s) he is confined.
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were \$ and the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$
18	
19	Dated: 3-3-08 [Authorized officer of the institution]
20	(Authorized officer of the institution)
21	
22	
23	
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27	
28	

REPORT ID: TS3030 .701

REPORT DATE: 03/11/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS SATE/SP AT CORCORAN INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU MAR. 11, 2008

ACCOUNT NUMBER: P05958

BED/CELL NUMBER: FGB2T2000000294L

ACCOUNT NAME : GROCE, PIERCE LANDRUM

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAX CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	HITHDRAMALS	DALANCE
				40 40 40 -01 40 40 40 40 40			
08/01	/2007	RECINAINE R	ALANCE				0.00
08/09	*DD34	EFT DEPOSIT O	0737/90547		22.51		22.51
08/10	FC07	DRAW-FAC 7	0799/FAC-G			22.51	0.00
09/05	*DD34	EFT DEPOSIT O	1234/J-PAY		29.26		29.26
09/11	FC07	DRAW-FAC 7	1415/FAC-6			29.26	0.00
11/06	×VD54	INMATE PAYROL	2502/10-07		0.72		0.72
11/07	*DD34	EFT DEPOSIT D	2553/90635		27.01		27.73
11/08	FC07	DRAW-FAC 7	2605/FAC-6			27.43	0.30
11/27	W515	COPY CHARGE	2927/CUPY			0.30	0.00
12/03	*DD34	EFT DEPOSIT D	2979/90660		45.00		45.00
12/05	×UD54	INMATE PAYROL	3056/11-07		3.17		48.17
12/11	FC07	DRAW-FAC 7	3173/FAC-G			48.17	0.00
ACT	IVITY	FOR 2008					
01/08	¥VD54	INMATE PAYROL	3498/12-07		1.16		1.16

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 06/28/06 CASE NUMBER: 152119

FINE AMOUNT: \$ 400.00 COUNTY CODE: ALA

DATE	TRANS.	DESCRIPTION	TRANS, AMT.	DALANCE
08/01/2007	месінні	NG DALANCE		362.50
08/09/07	DR34	REST DED-EFT DEPOSIT	25.00-	337.50
09/05/07	DR34	REST DED-EFT DEPUSIT	32.50-	305.00
11/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	0.80-	304.20
11/07/07	DR34	REST DED-EFT DEPOSIT	30.00-	274.20
12/03/07	DR34	REST DED-EFT DEPOSIT	50.00-	224.20
12/05/07	VR54	RESTITUTION DEDUCTION-SUPPORT	3.52-	220.68
01/08/08	VR54	RESTITUTION DEDUCTION-SUPPORT	1.28-	219.40

REPORT ID: 183030 .701

REPURT DATE: 03/11/08

PAGE NO:

- 2

SATE/SP AT CURCURAN
INHATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU MAR. 11, 2008

ACCT: P05958

ACCT MAME: GRUCE, PIERCE LANDRUM

ACCT TYPE: I

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*

\* IS EQUAL TO TEM PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

## TRUST ACCOUNT SUMMARY

DEGINNING	TOTAL	TOTAL	CURRENT	HOLDS	TRANSACTIONS
Balance	DEPOSITS	UITHDRAWALS	BALANCE	Balance	TO BE POSTED
0.00	128.83	127.67	1.16	0.00	0.00

CURRENT AVAILABLE BALANCE

1.16

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2

4/200 BOX 5248.

4/200 BOX 5248.

WALLORAN CALLORNIA

FILE GREAN CALLORNIA

93212

## **BUSINESS REPLY I**

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES